

Part B National ALS Biorepository – Sample Request Form				Date of Request		
SAMPLES						
SAMPLE TYPE		ALIQUOT SIZE	PRICE/ALIQUOT	# OF INDIVIDUALS REQUESTED	REQUESTED # OF ALIQUOTS/INDIVIDUAL	TOTAL ALIQUOTS
<input type="checkbox"/>	Plasma	0.5 ml				
<input type="checkbox"/>	Buffy Coat					
<input type="checkbox"/>	Red Blood Cells	1.0 ml				
<input type="checkbox"/>	Whole Blood (metals free)	1.8 ml				
<input type="checkbox"/>	Serum	0.5 ml				
<input type="checkbox"/>	RNA	2 ug				
<input type="checkbox"/>	DNA	2 ug				
<input type="checkbox"/>	Urine	1 ml				
<input type="checkbox"/>	Urine (Hg preservative)	1 ml				
<input type="checkbox"/>	Hair					
<input type="checkbox"/>	Nails					

Comments/Special Instructions:

SURVEY DATA

\*All specimen requests include demographics when available, including: age at diagnosis; age at first symptom; age at death; race; sex; family history of ALS; family history of other NGD; state of residence; ALSFRS closest to collection; and survival time.

**Are you interested in additional Survey Data?**  
Note, not all survey data may be available at this time.

☐ Yes ☐ No

**If yes, please select from the options below:**

☐ Demographics
☐ Occupational History
☐ Military History
☐ Smoking/Alcohol History
☐ Physical Activity
☐ Disease Progression (ALSFRS)
☐ Family History of Neurological Diseases
☐ Clinical Data (e.g. devices used, body onset)
☐ Lifetime Residential History
☐ Lifetime Occupational History
☐ Residential Pesticide Use
☐ Hobbies with Toxicant Exposures
☐ Caffeine Consumption
☐ Reproductive History (women)
☐ Health Insurance Status
☐ Trauma History

CONTACT INFORMATION

Protocol #

Title of Study or Project

Principal Investigator or Project Director

Organization

Contact Phone Number

Email Address

SHIPPING INFORMATION

LAB CONTACT:

LAB TELEPHONE:

LAB CONTACT EMAIL:

LAB SHIPPING ADDRESS: